City by the Lake	City of The Colony False Alarm Reduction Program P.O. Box 140454, Irving, TX 75014, Phone: 1-888-250-5648 ALARM PERMIT APPLICATION														Please type or print in BLOCK CAPITAL LETTERS clearly inside the box. (Please print)												
		RES	SIDE	NTI			BUSI	INES	ss [SOV	T. E	NTI	ΓY	-	_	_	-	_		Вι	urgla	ry	R	obbe	ery/F	Panic
Name of Registration Holder:																											
Business Name:																											
Name of responsible party:															Ī						Γ			Τ			
Alarm Location: (Include Building/Apt #) (Include Suite or Unit #) City:																	St	ate:				Zip:		F	Ē		
Billing Address: (if different)																								Ē	Ē		
City:																	St	ate:]	Zip:					
Enroll to Go Paperless:		(If enro	olled, y	ou op	t for e	mail n	otifica	ations	and yo	ou will	no lon	ger re	ceive	notifica	ations	by US	PS. If	not er	nrolled	, you	agree	to rec	eive r	notifica	ations I	by US	SPS.)
Email Address: (If enrolled to Go Paperless, valid email address is mandatory.)																								$\underline{\Box}$			
Home Phone:														Cell	Pho	one:											
Office Phone:				Γ		Τ		Γ																			
EMERGENCY CONTACTS	_	-						-	-	-	<u> </u>									-			—			_	
Name:																							L				
Phone #1:]		Pho	ne #	‡ 2:											
Name:																											
Phone #1:]		Pho	ne #	‡ 2:											
SPECIAL CONDITIONS In order to ensure the safety of our officers, the public and to enable the City of The Colony Police Department to better protect your property, please provide information regarding potentially hazardous circumstances (i.e. guard animals, weapons, hazardous substances, etc.)															entially												
Comment:																											
ALARM INSTALLATION DET	AIL	s																									
Alarm Installation Date:			/			/																					
Alarm Installation Company:																											
Monitoring Company: (if different)																											
PLEASE READ THE FOLLOWING AN This is to certify that as the applying pr and practices to follow in the event tha including written guidelines on how to conditions, emergency conditions and	rincipa It the a avoid	al, my alarm false a	syster alarms	n is a	accide	entally	activ	vated,	l also	ackn	owled	ge th	at the	instal	llatior	n com	pany l	eft m	e a se	t of v	written	instru	uctior	ns for	the al	arm	system,

Signature: (Owner)

Date:		/		/		

In accordance with the Article V of The Colony, TX Code of Ordinances, if you have an active alarm system in the City of The Colony, Texas, it must be registered with the City for an annual fee listed below:

Alarm Registration / Renewal Fees: \$25.00 for Residential \$50.00 for Commercial

For Customer Service Call: 1-888-250-5648 Mail this form and payment to: City of The Colony False Alarm Reduction Program P.O. Box 140454, Irving, TX 75014